

COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
Capital Complex East, 1025 Capital Center Drive, Suite 104
Frankfort, KY 40601
PHONE: 502-564-7954 OR 800-664-7954
FACSIMILE: (502) 695-5939
ETHICSFILER@KY.GOV

RECEIVED
FEB 14 2019
Executive Branch
Ethics Commission

STATEMENT OF FINANCIAL DISCLOSURE

For Calendar Year 2018

COMPLETE ALL SECTIONS WITHOUT LEAVING ANY SECTION BLANK

EXECUTIVE BRANCH OFFICERS: Submit by one of the prescribed methods by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

CANDIDATES FOR CONSTITUTIONAL OFFICE: Submit by one of the prescribed methods by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE
AVAILABLE FOR PUBLIC REVIEW

ANSWER EVERY QUESTION

1. Name: Last **HORNE** First **STEPHANIE** Middle or Maiden **LYNNE**
2. Home Street Address: _____
- City: _____ State: **KY** Zip: _____
- Home Phone: _____ Home E-mail address: _____
- Mobile Phone: _____
3. If you are a candidate for a constitutional office, check appropriate box:

<input type="checkbox"/>	Agriculture Commissioner	<input checked="" type="checkbox"/>	Lt. Governor
<input type="checkbox"/>	Attorney General	<input type="checkbox"/>	Secretary of State
<input type="checkbox"/>	Auditor of Public Accounts	<input type="checkbox"/>	State Treasurer
<input type="checkbox"/>	Governor	<input type="checkbox"/>	NOT A CANDIDATE

4. Title of Position or office in 2018 that requires filing: Na

Beginning Date: _____

~~Do you still occupy this position?~~

Yes ☐

No ☐

~~If no, ending date:~~

STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: Choose an item.

Department or Office:

Division:

Work Street Address:

City: State: Zip: -

Work Phone: () - Ext. Work E-mail address:

~~If not employed by state agency~~ current employer: **Horne Title and Escrow Services, LLC**

Work Address: **6510 Glenridge Park Place Ste 1**
City: **Louisville** State: **KY** Zip: **40222-**

Title of any other state jobs or positions you held during the reporting year, including state government agency name. **NONE** ☒

5. Name and address of any other employers (including self-employment) during reporting year: **NONE** ☒

Employer: **Horne and Horne, PLLC**
Work Address: **6510 Glenridge Park Place Ste 1**
City: **Louisville** State: **KY** Zip: **40222-**

6. Marital status:

- ☐ Single
☒ Married
☐ Widowed (if event occurred prior to calendar year 2018 skip to Question 8.)
☐ Divorced (if event occurred prior to calendar year 2018 skip to Question 8.)

If married, please give spouse's full name (including maiden name where applicable):

Last: **HORNE** First: **ANDREW** Middle: **JOHN**

7a. Spouse's current employer and employer's address: **NONE** ☒

Employer: **Horne and Horne, PLLC**
Work Address: **6510 Glenridge Park Place Ste 1**
City: **Louisville** State: **KY** Zip: **40222-**
Work Phone: **(502) 409-5044** Work E-mail address: **andrew@hornelawky.com**

7b. Spouse's position: **Attorney**

7c. Other employers of Spouse (including self-employment during reporting year) **NONE** ☒

8. List the full name of each dependent child of you and/or your spouse:

NONE ☐

Horne

Horne

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business:

NONE ☐

Stephanie Horne:

CEO/Attorney, Horne Title and Escrow Services, LLC 6510 Glenridge Park Place Ste 1, Louisville KY 40222

Attorney, Horne and Horne PLLC, 6510 Glenridge Park Place Ste 1, Louisville, KY 40222

Owner, KY42 Property LLC

Andrew Horne:

Attorney, Horne and Horne PLLC, 6510 Glenridge Park Place Ste 1, Louisville, KY 40222

Owner, KY42 Property LLC

Owner, 517 Properties LLC

10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business:

NONE ☒

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

NONE ☐

Stephanie Horne:

CEO/Attorney, Horne Title and Escrow Services, LLC 6510 Glenridge Park Place Ste 1, Louisville KY 40222, interest over 5% and FMV at least \$10,000

Attorney, Horne and Horne PLLC, 6510 Glenridge Park Place Ste 1, Louisville, KY 40222, interest over 5% and FMV over least \$10,000

Owner, KY42 Property LLC, interest over 5% and FMV at least \$10,000

Andrew Horne:

Attorney, Horne and Horne PLLC, 6510 Glenridge Park Place Ste 1, Louisville, KY 40222, interest over 5% and FMV over \$10,000

Owner, KY42 Property LLC, interest over 5% and FMV over \$10,000

Owner, 517 Properties LLC, interest over 5% and FMV over \$10,000

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source.

NONE ☒

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity.

NONE ☒

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

NONE ☒

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000):

NONE ☐

6500 Glenridge Park Place Ste 5, Louisville KY 40222
KY42 Property LLC
314 24th St. N, St. Petersburg FL33713

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family.

NONE ☐

See Attached

17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods:

NONE ☐

Republic Bank, 601 W Market St, Louisville KY 40202
Republic Bank, 601 W Market St, Louisville KY 40202
Republic Bank, 601 W Market St, Louisville KY 40202
Republic Bank, 601 W Market St, Louisville KY 40202

18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO ☒

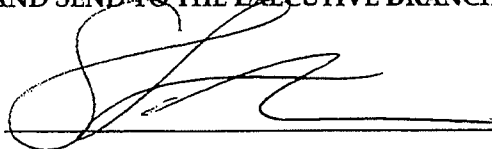
YES ☐

If yes, attach a description

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
IN THIS STATEMENT OF FINANCIAL DISCLOSURE
IS COMPLETE AND ACCURATE.**

SIGN AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION AS DESCRIBED BELOW.

Signature



Date:

2/14/2019

Typed or printed name **Stephanie Horne**

PENALTIES:

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his

Trigg, Bill (Ethics Commission)

From: Steph Horne
Sent: Friday, February 15, 2019 10:57 PM
To: Ethics Filer
Cc: Trigg, Bill (Ethics Commission)
Subject: Re: Stephanie Horne, stmt of fianancial disclosure

None.

Thanks!

Best regards,

Steph Horne
Owner/Attorney, Horne Title & Escrow Services LLC
Candidate, Lt Governor

cell

On Feb 15, 2019, at 12:44 PM, Ethics Filer <ethicsfiler@ky.gov> wrote:

Ms. Horne:

We have received your 2018 Statement of Financial Disclosure. We note Question "16" was left blank. Please answer the question in a reply to this email. If the answer is "NONE" please indicate as such.

Thank you.

Jenny A. May
Administrative Assistant to
Kathryn Gabhart, Executive Director
Executive Branch Ethics Commission
Capital Complex East
1025 Capital Center Drive, Suite 104 Note New Address and Fax Number
Frankfort, KY 40601
502-564-7954 FAX 502-695-5939
WEBSITE : <http://ethics.ky.gov>

From: Steph Horne <steph.horne@ky.gov>
Sent: Thursday, February 14, 2019 11:59 AM
To: Ethics Filer <ethicsfiler@ky.gov>
Subject: Stephanie Horne, stmt of fianancial disclosure

****CAUTION** PDF attachments may contain links to malicious sites. To verify the destination of the hyperlink in an attachment, hover your mouse over the link and verify the link address. If you are unfamiliar with the address or the address looks suspicious, do not click on the link and delete the email immediately. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**